

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MH	70591	9/8
O.I.P.E. CLASSIFIER		20	
FORMALITY REVIEW	MH	625	9/18
RESPONSE FORMALITY REVIEW			10-17-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	b 8512
Original	0202003
1	✓ =
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11	✓ =
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13	0 = =
14	0
15	0 = =
16	0
17	✓ =
18	✓ =
19	✓ =
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21	✓ =
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27	✓ =
28	✓ =
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31	0
32	✓ =
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35	✓ =
36	0 0 0
37	0 0 0
38	✓ =
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43	✓ =
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here